



MERIT EMPLOYEE COMPLAINT

State Form 27916 (R5 / 8-00)

INDIANA STATE
PERSONNEL DEPARTMENT

** Your Social Security number is being requested by this state agency in order to pursue it's statutory responsibilities. Disclosure is **voluntary** and you will not be penalized for refusal.

Complaint number

INSTRUCTIONS: Please complete all required information and state exact nature of complaint and desired remedy. PRINT OR TYPE LEGIBLY.
Steps in complaint procedure are on reverse side.

Name of employee (full name)	Name of agency	Work telephone number
Address (number and street, city, state, ZIP code)	Social Security number **	
Classification		
STEP I		
Date of discussion with immediate supervisor	* The oral answer of the immediate supervisor must be given within two (2) consecutive working days from the date of the discussion.	Initials of supervisor

STEP II	
Statement of complaint (Attach additional pages if necessary.)	
Signature of employee	
Date complaint form was presented to intermediate supervisor	* Answer of intermediate supervisor (must be given in writing within (4) consecutive working days.)
Signature of intermediate supervisor	Date
Signature of employee if Step II answer is satisfactory	Date of receipt of Step II response

STEP III	
Date complaint form was presented to appointing authority	* Decision of appointing authority (must be given in writing within (10) consecutive working days.)
Signature of appointing authority	Date
Signature of employee if Step III answer is satisfactory	Date of receipt of Step III response
* If management fails to respond in prescribed time, employee may elect to process appeal to next step. If employee wishes to pursue complaint beyond Step III, completed complaint form must be submitted to the State Personnel Director within fifteen (15) calendar days from receipt of written Step III decision.	

STEPS IN COMPLAINT PROCEDURE

Minimum Requirements: Any regular employee (*any employee who has obtained status in the state merit system*) may file a complaint if his / her status of employment is involuntarily changed or if he / she deems conditions of employment to be unsatisfactory. **However, the complaint must be initiated within thirty (30) calendar days after the employee is notified of a change in status of employment or after the unsatisfactory condition is created.** Failure to initiate the complaint within such time period shall render the procedure unavailable to the employee.

STEP I: With the exception of complaints involving dismissal, suspension, demotion, or layoff,* the complaint shall be initiated by a discussion with the employee and the immediate supervisor. The **immediate** supervisor must answer the complaint to the employee's satisfaction within **two (2) consecutive working days** or allow the employee to proceed to Step II.

STEP II: The employee shall obtain the complaint form, fill in the date that Step I occurred, and have the supervisor initial the complaint form in the appropriate space. The employee should then write the statement of complaint. This form is then presented to the **intermediate supervisor**, who then has **four (4) consecutive working days** to respond, in writing, to the complaint or allow the employee to proceed to Step III. If the employee is not satisfied with this response, he / she may refer the complaint to the appointing authority.

STEP III: The employee shall present the complaint to the appointing authority who may conduct whatever hearing or investigation is deemed necessary, and shall respond in writing **within ten (10) consecutive working days** or allow the employee to refer to the complaint to Step IV. If the employee is not satisfied with the response of the appointing authority (or designee), he / she may then forward the complaint to the State Personnel Director **within fifteen (15) calendar days** from receipt of said response. Failure to comply within the fifteen (15) day time limit will terminate the procedure.

NOTE: The employee may be accompanied by a fellow employee throughout the first three (3) steps of the complaint procedure.

STEP IV: The employee shall forward the complaint to the State Personnel Director, State Personnel Department, 402 W. Washington Street, Room W161, Indianapolis, IN 46204-2261, for investigation and response. The Director shall respond to the complaint, in writing, **within fifteen (15) calendar days** from receipt of the complaint. If the employee is not satisfied with the response of the Director, he / she has **fifteen (15) calendar days from receipt of said response** to submit the complaint to the State Employees' Appeals Commission, 100 North Senate Avenue, Room N180, Indianapolis, IN 46204.

STEP V: The State Employees' Appeals Commission shall review the submitted appeal and if said appeal meets all procedural requirements, shall schedule an administrative hearing. Within thirty (30) days from the hearing date, the Commission shall notify the parties of its decision. Should the employee wish to appeal the Commission's decision, he / she may file for either judicial review through the courts (*within thirty (30) days*), or for arbitration, through the Indiana Department of Labor (*within fifteen (15) days*).

* Complaints concerning dismissal, suspensions, demotions, or layoffs shall be initiated at Step III by presenting a written statement of complaint to the appointing authority within thirty (30) calendar days from receipt of the official notice of said action.

NOTE: Specific questions related to complaints may be referred to the State Personnel Department, Employee / Labor Relations Division, at (317) 232-3080.